

Audio Conferencing

All service orders are subject to the terms and conditions of the FTS2001 contract (GSA Contract No. GS00T99NRD2002) and applicable tariffs of MCI WorldCom. Your placement of an order constitutes your agreement to be bound by these terms and conditions.

Government Specific Information

Service Information								
Date of Order:								
Order Receipt Method:		☐ E-mail ☐ Fax ☐ Voice						
Order Type:		☐ Migration ☐ Implementation						
Are Services shared with co-located Ag	ency?		Yes	No)			
Primary or Secondary:			Primary		Secondary			
If Secondary, what is the AB code of the	e Primar							
Agency?:								
Service Requested:								
Agency Name:								
Agency Service Request No.:								
Agency Billing Code:						Service Due Da	te:	
Hierarchy Code:							_	
Price Quote:								
Billing Type:			Direct			If Direct, PO #.:		
2 71		百	Centralize	ed		If Centralized, I		-
Government Project Name:					<u>'</u>	,	J	-
MCIW Project Name:		MCIW use only						
Notification Status:								
TSP:			Yes		No	TSP Code:		
Expedite:			Yes		No		<u></u>	
Quantity:								
Is there a spreadsheet (or other document)			Yes		No			
associated with this order?								
If yes, specify filename:								
•								
Designated Agency Representative Information								
First Name:								
Last Name:								
Address:			· ·					
City:				Stat	e:		Zip:	
Country:								
Fax:								
Phone:]	Extension:			
Email:								

Originating I as	al Carammant			
Originating Loc First Name:	ai Government			
Last Name:				
SDP ID Originating:				
Address:				
C'		Curto	7'	
City:		State:	Zip:	
Country: Phone:		Entancian		
		Extension:	11 N. (C. (C. (C. (C. (C. (C. (C. (C. (C. (C	
Email: Fax:			cc on all Notification	
Fax:				
Terminating Lo	cal Government			
First Name:				
Last Name:				
SDP ID Originating:				
Address:				
City:		State:	Zip:	
Country:		•	· ·	
Phone:		Extension:		
Email:			cc on all Notifications	
Fax:				
Service Coordin	ator Information			
First Name:				
Last Name:				
Address:				
City:	State:	Zip:		
Country:				
Phone:		Extension:		
Email:				
Fax:				
1				
Lead Sales Rep	Information	1		
SSN:		MCIW use only		
First Name:		MCIW use only		
Middle Name:		MCIW use only		
Last Name:		MCIW use only	E 1 MOW	
Vnet: MCIW use only		Phone: MCIW use only	Email: <i>MCIW use only</i>	
MCI Sales Division	#	MCIW use only		
PC/ASC Name: PCS/ASC SSN:		MCIW use only		
PCS/ASC SSN: PC/ASC Vnet:		MCIW use only MCIW use only		
FC/ASC VIICE.		MICI W USE ONLY		

PC/ASC Email:	MCIW use only				
Sales City:	MCIW use only				
Rev Loc:		MCIW use only			
CSC Informatio	n				
SSN:	MCIW use only				
First Name:	MCIW use only				
Last Name:	MCIW use only				
Vnet:	MCIW use only				
Email:	MCIW use only				
Phone:	MCIW use only				
TC Information	1				
SSN:	MCIW use only				
First Name:	MCIW use only				
Last Name:	MCIW use only				
Vnet:	MCIW use only				
Email:	MCIW use only				
Phone:	MCIW use only				
	Order Information				
General					
Standard Interval:					
Choose One:		rd Interval (above) Requested Due Date			
If Requested Due D	ate, Indicate Date:				
Expedite:		Yes No			
Telco Required: Electronic Media Ac		Yes No Add Delete			
Electronic Media Type:					
Related Order Information					
Are There Related or Integrated Orders?: Yes No No					
If Yes, Specify Related Order Numbers:					
Primary Order OETS #:					
Billing Information					
General:					
Corporate ID: MCIW use only NASP ID: MCIW use only					
New or Existing Account #:					
Account Number: MCIW use only					
Product Specifics					
Product Specific: Call Detail Sort Order: Conference Leader's last nam CRC Description:					
Can Detail Soft Ofd	Date Other				
Corporate Account	Corporate Account Billing:				

Company Billing Information:						
Name:						
Address:						
Suite or Room #:						
City:					-	
State:		Zip:		Country:		
_						
Billing Contact Info	ormation:					
First Name:						
Last Name:						
Title:		Fax #:				
Phone #:		Contact Exten	sion:			
	Drodu	ct Inform	ation			
	Tiouu		ativii			
General:						
Customer new to networ	kMCI Conferencing:		Yes O No			
Today's Date: Target Date:						
Primary Contact I	nformation:					
First Name:						
Last Name:				_		
Contact Title:		Co	ntact Phone #:			
Remarks Information						